

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Highlights From San Joaquin County

In a report of the activities of the San Joaquin Local Health District, covering the first six months of 1932, Dr. John J. Sippy, district health officer, states that out of 105 deaths from communicable diseases that occurred during the first six months of the year 78 were due to tuberculosis. It is interesting to note that of these 78 deaths 42 occurred in Mexicans and Orientals. These deaths represent 54 per cent of the total tuberculosis deaths, whereas the population of these groups in the county constitutes only 16½ per cent of the total. In other words, more than half of the tuberculosis deaths in San Joaquin County occurred in one-sixth of the county's population. This same percentage has applied for the past nine years. It is also interesting to note that 40 of these 78 deaths occurred in single, homeless men. Cases of tuberculosis among such individuals relieve the health department of considerable work in following up home contacts, but Dr. Sippy states that it arouses an inquiry in one's mind as to just how we can make much headway in the reduction of the tuberculosis death rate so long as we have the itinerant tuberculous.

Typhoid fever has been of particularly low incidence. Since the San Joaquin County Health District has carried on an active campaign of immunization against this disease during the past eight years, it is reasonable to believe that this has had a bearing upon the reduced prevalence of the disease. This year not a single case has occurred in the delta, or island, district, where most of the immunization campaign

has been centered and where approximately 75 to 85 per cent of the laboring population has been immunized within the past three to four years. This island population is migratory and constitutes not only a State problem but an interstate and an international problem because most of this population consists of Mexicans, Filipinos and orientals.

Not a single case of smallpox has occurred among San Joaquin residents since September of 1930. Approximately 80 per cent of the school population of the county has been vaccinated against this disease.

A very large amount of work has been accomplished in tuberculosis control among individuals with family and home contacts. Field nursing and clinic activities constitute a large volume of work. In the chest clinic all persons are given not only one but several examinations, intradermal tests, X-rays and other procedures which provide a complete physical examination. A total of 182 beds is maintained at Bret Harte Sanatorium for the care of preventorium children between the ages of six and sixteen and for incipient or moderately advanced cases. In addition, 56 beds are maintained by the San Joaquin General Hospital for advanced or moribund cases.

One hundred and sixty-five cases have been admitted to the heart clinic during the past year. This clinic is conducted in accordance with the standards of the American Heart Association. In the crippled children clinic, 70 new cases were admitted, in addition to 236 return visits from old cases. In this clinic during the year, 30 braces were fitted and adjusted,

7 patients were placed under physiotherapy treatment, 16 were hospitalized and 11 were returned to family physicians. One hundred and eleven children attended a child guidance clinic. A large volume of work in children's dentistry was accomplished.

The physical examination of food handlers increased during the year as the result of new milk ordinances in Stockton and Lodi. Three hundred and sixty-three persons were given complete physical and laboratory examinations.

The accomplishments along the lines of public health administration in San Joaquin County are most outstanding and the residents of this county are to be congratulated upon the maintenance of adequate machinery for the protection of the public health.

DEATHS AMONG HEALTH OFFICERS

Two health officers who for many years have been prominently identified with public health in their respective communities have died during the past few weeks. These men are Dr. S. Iglick, health officer of Glenn County and the city of Orland, and Dr. Charles J. Durand, city health officer of Colfax.

Dr. Iglick had been identified with the public health of his city and county for a long period of years. Although he served as a part time health officer, he made it a practice always to attend the annual meetings of health officers. His presence at these annual sessions will be missed greatly. He was particularly interested in health education and had conducted, for many years, a column of public health news and information in the newspapers of his county.

Dr. Iglick met with an automobile accident a short distance from the city of Orland. He was on his way to visit a patient. In spite of extensive injuries he walked a considerable distance to attend the patient. He recommended that the patient be removed to a sanitarium and at the same time made arrangements for his own admission to the same institution. Broken ribs had punctured the lungs, pneumonia developed, and death followed quickly. Dr. Iglick's action in carrying on under a handicap was typical of the man and of his character.

Dr. Charles J. Durand had been city health officer of Colfax for many years. He was associated with Dr. Robert A. Peers and had specialized in tuberculosis. The public health interests of his city were cared for in an able manner during the long period of years that he served as city health officer. He was respected greatly as a man, a physician, and a health officer. He had formed many lasting friendships with health officers throughout the State and he will be missed greatly by all of his fellow workers.

MANY CAMPERS THIS SEASON

There are indications that many Californians who have heretofore enjoyed more expensive vacations will this season camp in the open. Many such individuals are not experienced in the art of camping and are not able to maintain a proper camp for the simple reason that they do not know how.

The maintenance of a sanitary camp does not require elaborate equipment but it does require the application of certain fixed principles, chief of which are those pertaining to disposal of wastes and provision of pure water supplies. All camp wastes, whatever their nature, should be buried quickly and buried deep, and water, the purity of which is questioned, should never be consumed. Food supplies should be protected against dust, dirt and insects, and for personal comfort, safeguards should be provided against the invasions of gnats, flies and mosquitos. In malarious districts, which are extremely rare in California, there is danger of contracting malaria through the bite of the anopheles mosquito. In most districts of the State that are visited by camping parties, malaria does not exist, but insects may constitute a decided menace to personal comfort.

It is illegal to pollute any stream, lake or other body of water. For this reason, it is important that all camp wastes be buried at a distance of at least 25 feet from any stream or body of water. If possible, they should be buried at even a greater distance from such waters.

It is a mistake to carry camping equipment that is unessential and it matters not how elaborate the equipment may be, unless the camper knows how to use them properly, luxurious utensils are no better than makeshift articles. Very often, the individuals who have camping outfits which are fitted with every possible device are the very people who leave the camps in the worst condition. Disease is no respecter of campers and it is as likely to attack the motor camper as the itinerant. Too much emphasis can not be placed upon the necessity for applying proper safeguards for the protection of the individual camper and for the protection of other individuals, as well.

Knowledge and wisdom, far from being one,
Have oftentimes no connection. Knowledge dwells
In heads replete with thoughts of other men,
Wisdom in minds attentive to their own.
Knowledge, a rude unprofitable mass,
The mere materials with which wisdom builds,
Till smoothed and squared and fitted to its place,
Does but encumber whom it seems to enrich.
Knowledge is proud that he has learned so much;
Wisdom is humble that he knows no more.—Cowper.

SOME RESULTS OF IMMUNIZATION

Dr. Alex M. Lesem, health officer of San Diego City and County, has reported that since the inauguration of immunization against diphtheria within the San Diego area 20,253 complete immunizations have been performed by the city and county health departments. The city accounted for 14,406 and the county for 5847 immunizations. So far during 1932, these offices have given a total of 2796 immunizations, of which 1694 were done within the city of San Diego and 1102 in the rural area of the county. Not more than three cases of diphtheria have been reported among the total 2253 individuals who have received the immunizations. Before 1931 toxin-antitoxin was used, but since that time toxoid has been used exclusively. Dr. Lesem states that the result of this work is reflected directly in the reduced numbers of diphtheria cases and deaths.

In San Joaquin County, Dr. J. J. Sippy, health officer of the San Joaquin Health District, reports that the records of his health unit for the past five years show that immunizations against diphtheria in children under six years of age equaled 65 per cent of the births recorded during each year. The school census reveals the fact that 70 per cent of the school population of San Joaquin County is immunized against this disease. Dr. Sippy states that this may in part account for the low incidence of diphtheria at the present time, but he believes that consideration must be given to the fact that the virulence of the disease during the past year has been rather low.

Many other California communities are accomplishing commendable work in the routine immunization of children against diphtheria. It is certain that this procedure has been of tremendous importance in the control of the disease in California.

In many communities there is gradually developing a relationship between public health and hospital services. More and more clinical activities are being attached to or closely affiliated with hospitals. The care of communicable diseases in general hospitals has, in many instances, broken down the barrier between the general hospital activities and the activities of the health department. It is increasingly important that the health officer be familiar with the local hospital situation, its needs, its facilities, its problems; how it serves the people and the medical profession. In some instances additional facilities are necessary, in others, better use of the beds present. The surveys of health and hospital activities made by the Committee on Administrative Practice have indicated the need of setting forth clearly for the guidance of the health officer, and other interested public health people, certain of the essential questions in the community relationship of the organized care of the sick.—American Public Health Association.

AMERICAN PUBLIC HEALTH ASSOCIATION TO MEET IN WASHINGTON

The sixty-first annual meeting of the American Public Health Association will be held in Washington, D. C., October 24 to 27, 1932. Other health organizations, recognizing the value of close contact with the association, have chosen the same time and place for their annual conferences. This year the American Social Hygiene Association, the American Association of School Physicians, the International Society of Medical Health Officers, the Conference of State Laboratory Directors, Conference of State Sanitary Engineers and the Association of Women in Public Health will hold their conferences in Washington at or about the same time.

A new feature is offered this year by the section on public health education, which will conduct an institute on Saturday and Sunday, October 22 and 23. Students will be drawn from the large number of workers in health education who are employed by official and nonofficial agencies. Instructors will be chosen from among individuals who are prominently identified with work in public health education and who have had practical experience in health departments, public schools and other organizations. This institute will provide a unique opportunity for the advancement of individuals who are engaged in work along lines of public health education.

The program for the meetings of the association has been carefully prepared. A number of special sessions devoted to problems of first importance have been arranged. Public health workers who plan to attend the meeting are urged to make their hotel reservations early, in order that they may be assured of adequate accommodations.

CHANGES IN HEALTH OFFICERS

Dr. F. M. Lawson of Willows has been appointed health officer of Glenn County, to succeed Dr. S. Iglick, deceased.

Dr. D. M. Kindopp has been appointed city health officer of Colfax to succeed Dr. Charles J. Durand, deceased. Dr. Kindopp is also health officer of Placer County.

Dr. T. H. Brown has been appointed health officer of Orland to succeed Dr. S. Iglick, deceased.

The city of Fairfax has been incorporated recently and Dr. L. L. Robinson has been appointed city health officer.

The city of Delano in Kern County has transferred its public health work to the Kern County Health Department, of which Dr. Joe Smith is health officer. Mr. A. Ackerman had served as city health officer of Delano for a long period of years.

PROTECTION FOR OUR GREATEST ASSET

Dr. K. H. Sutherland, Health Officer of Orange County, has issued the following statement to the people of his county:

Strong, healthy children are a community's greatest asset. We hear a great deal these days about ways and means of salvaging the existing economic situation, about finding some means of stimulating trade and steadying and increasing the value of our material assets, but, strange to say, we do not hear so much talk about protecting the most valuable asset to our civilization, the child of today. Malnourished, diseased and handicapped children of today will help to swell the total of county tax supported dependents of the future. In these times of economic difficulty, private or public money spent on cure of disease that could have been prevented means just that much less available for food and housing necessities. A policy that stints too much on funds necessary for health preservation now, brings disaster in the years to come, if not in the immediate future.

In spite of the difficult economic situation, Orange County has so far been able to maintain a fairly satisfactory health record, and we hope that this achievement can be continued in so far as the preventable diseases are concerned. Since the first of the year, the County Health Department has prevented the further spread of communicable diseases by isolating or quarantining 2263 cases of communicable disease, mostly among children. It has made 10,331 home visits on cases, contacts and suspects in the control of contagion, taking 1107 nose and throat cultures for examination in the laboratory. In addition, it has made 2279 home calls on cases, suspects and contacts of tuberculosis.

It has immunized 1784 children against diphtheria, vaccinated 811 against smallpox and given 212 skin tests for the presence of tuberculosis.

It has conducted 261 child health centers for children of preschool age, where 4294 children have received a physical examination and their mothers have been given professional advice to help keep the children healthy and free from serious illness. Two thousand one hundred fifty-four (2154) physical defects were found among 568 of these children and of these defects 778 are known to have been corrected. In addition to this clinic service, 1609 home visits have been made in the interests of child hygiene. All this work noted above is in addition to the routine school health work and community sanitation procedures which, of course, also have a direct beneficial bearing upon the health of the child.

This type of child welfare work, which is always valuable, has an especial importance as an economy measure at this time. It helps to lighten the heavy load being carried by the county clinic and hospital and, in addition, by preventing illness in his family, it gives the wage earner a better chance to carry his own financial burden without having to appeal to county and private charity for help.

MORBIDITY***Diphtheria.**

40 cases of diphtheria have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 16.

Measles.

35 cases of measles have been reported, the cases being scattered over the State.

Scarlet Fever.

35 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 14.

Whooping Cough.

285 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 26, Los Angeles County 20, Los Angeles 73, Santa Monica 13, San Diego 42, San Francisco 10.

Smallpox.

3 cases of smallpox have been reported, as follows: Los Angeles County 1, Los Angeles 2.

Typhoid Fever.

9 cases of typhoid fever have been reported, as follows: Oakland 1, Jackson 1, Fresno County 1, Long Beach 1, Los Angeles 1, Sacramento County 1, San Francisco 1, Santa Clara County 1, Siskiyou County 1.

Meningitis (Epidemic).

One case of epidemic meningitis from Los Angeles has been reported.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Oakland 1, Kern County 1, Los Angeles 2.

Food Poisoning.

3 cases of food poisoning from San Francisco have been reported.

Septic Sore Throat.

3 cases of septic sore throat have been reported, as follows: San Francisco 2, Los Gatos 1.

* From reports received on August 8th and 9th for week ending August 6th.

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